



City of Atlanta

Check One

- ☐ Atlanta Bd. of Education
☐ Firefighters
☐ General Employees
☐ Police Officers

**Defined Benefit Pension Funds
Retiree Withholding Allowance Form**

Return Form to:
City of Atlanta
Department of Finance – Pension Office
55 Trinity Avenue, S. 1600
Atlanta, Georgia 30335-0317
404.330.6260

Participant Information

Name: _____ Social Security #: _____

Marital Status: ☐ Single ☐ Married

Address: _____
Street Apt.

City State Zip Code

Phone Number: _____

Federal Withholdings

1. Withhold federal tax from my pension check ☐ Yes ☐ No
(Check One)

2. Amount to be withheld monthly: \$ _____

or

3. Total number of allowances: _____

4. Additional amount to be deducted: \$ _____

State Withholdings

1. Withhold state tax from my pension check ☐ Yes ☐ No
(Check One)

2. Amount to be withheld monthly: \$ _____

or

3. Total number of allowances: _____

4. Additional amount to be deducted: \$ _____

Signature Required

Signature: _____ Date: _____